

Winter Skin Seminar 2017 Outcomes

1. Please rate the following aspects of this activity.

(1=Strongly Disagree, 2=Disagree, 3=Undecided, 4=Agree, 5-Strongly Agree, 6=N/A)

	Strongly Disagree			Strongly Agree	
Attending this activity improved my competence. [43-4.42]	(2) 4.65%	(1) 2.33%	(1) 2.33%	(12) 27.91%	(27) 62.79%
Attending this activity improved my performance. [43-4.26]	(2) 4.65%	(1) 2.33%	(5) 11.63%	(11) 25.58%	(24) 55.81%
What I learned from this activity has helped me improve my patient outcomes. [43-4.30]	(2) 4.65%	(1) 2.33%	(4) 9.30%	(11) 25.58%	(25) 58.14%

2. If this activity improved your competence, please tell us how. (33)

Validated what I know.

new information on treatment modalities and labs that will help monitor patients for potential side effects

learned about new allergens and treatment options for patients with chronic urticaria

Improved information on multiple clinical topics including skin cancer in transplant patients, new treatments for lichen planus, surgery updates

New knowledge regarding lymphoma, connective tissue disease.

Knowledge of drug interactions

in general

evaluate in depth various contact allergens.

Improved my confidence treating and diagnosing, pyoderma gangrenous.

Improved skills at diagnosing and managing inflammatory vascular diseases

new knowledge acquired

Better understanding of steroid risks in patients

More treatment options for patients

I learned about diseases I was not familiar with previously and learned how to diagnose them clinically and histologically. For example polyoma virus associated dermatitis/pruritus.

up to date therapies

New in literature

drug interaction knowledge strengthened

Reiterated that I was up to date on knowledge

There were great tips on how to treat patients who are carriers of MRSA.

Validated current practice. Introduced new practice concepts.

alternative treatment options that were discussed. love hearing the off label uses after we've tried everything on label

I learned a number of things I did not know

Definitely helped to strengthen my knowledge of CIU, among other topics

The talk on management and safety of patients on biologics was simple, clear, very helpful.

better awareness of surgical complications

Learned new techniques and new thinking. about dermatology daughter

More of an affirmation of current practice

Knowing the appropriate patient for starting Niacinamide

better awareness of drug reactions

Updated knowledge on new lymphoma classification. Better understanding of corticosteroids and their risk.

more aware of treatment options for acute and chronic wounds, side effects of acne regimens

secured my rationales for treatment of specific diseases,

Helpful to hear from experienced clinicians on relevant topics. One of the most useful lectures was from Dr. Lebowhl on his everyday approach to patients.

3. If this activity improved your performance, please tell us how. (25)

Validated what I do.

new techniques in surgery/wound care

by strengthening my effort to decrease the use of oral antibiotics in the treatment of acne.

I will be more proactive screening groin of transplant patients.

Better able to care for patients with the above disorders.

in general

ibid

Not ordering as many tests to follow pt taking certain drugs.

practical information about patient care

Better understanding of the role and risks of bisphosphonates.

Confirmed current practice

Learned about how fluoroquinolone antibiotics may be made less effective by oral antacids. SO if I need to use this antibiotic to treat a skin infection, I can avoid unknowingly having a decreased effect by advising the patient to take their antibiotic 1 and 1/2 to 2 hours before the antacid.

up to date therapies

More comfortable e.g. With newer biologics

better tips for wound healing

It made me recognize the need to follow patients more closely when they are on chronic steroids.

Helped recognize signs of physician burnout.

Immediately changed some of our treatments for patients that we could not get to improve- Accutane with higher fat meals, urticaria

Obviously, I can treat patients with better accuracy

Improved surgical outcomes

prevention and treatment

Learned how to treat patients with newer treatments in surgery acne Psoriasis's

as above

Increased medical knowledge/competence.

not yet but eventually

4. Discuss how your Patient Outcomes (omit patient names) have improved as a result of attending this activity. (27)

N/A

Have used the information on wound care/staph decolonization already on patients with recurrent staph infections

I have counseled patients on eradication of MRSA after a positive culture/infection

New medication regimens for treatment of alopecia, hidradenitis.

better choices of treatments

evaluations for Lichen Planus

Better care of generalized lichen planus

many of my surgical patients now receive better wound care

Decrease in osteoporosis

Better outcomes due to more treatment options

It is too soon to say that my new knowledge has altered my patient outcomes, but I fully expect that patient care will be improved when I encounter some specific scenarios where the new information will impact their disease. For example, I have not yet encountered a patient with a drug eruption of uncertain etiology who is on an ACE-inhibitor such as lisinopril who may benefit from decreasing the dose of it or switching to an ARB medication, but when I do, I expect that it will likely benefit them (when before I would not necessarily identify that drug as a cause).

don't know

As above

faster wound healing

Better management of patients on chronic systemic steroids

I have discussed a new routine of treating MRSA carriers since the conference based on Dr. Lebowitz's talk.

TBD

Not sure

I was able to offer several additional treatment options to several CIU patients that had failed traditional therapies

Less unnecessary labs in psoriasis pts on biologics

a long term decrease in surgical complications

Safer better treatments help my patients

To early to know since I have not since them back for follow-up

no notable change yet

Still a bit to early to see if changes that I am making are changing outcomes.

5. Identify practice changes you have made as a result of attending this activity. (28)

Maintained high standards.

increase the activities required of patients for decolonization of staph

I have counseled all patients that if antibiotics are used for acne that the goal will be to use them for not more than 3 months

I will be more proactive screening groin of transplant patients.

Increase frequency of follow ups after photos for multiple nevi
none really

amplified my usual and customary treatments and certified my own algorithms for such

It's changed the way I manage some skin conditions

compression for post surgery patients on the legs

Ensuring patients start vitamin D and calcium at initiation of steroid therapy.

More treatment options

Look for history of chronic proton pump inhibitor use in patients with chronic eczematous dermatitis.

eval of atypical nevi

More aggressive with some medications

connecting with patients more

More IM steroids, less PO.

none yet

Expanded differential diagnoses.

Can't recall

Added new therapeutic options to my CIU regimen

Different management of some post-op complications

Less expensive and more effective ways to treat acne psoriasis

Making the newer biological more understandable.

Prescribing Nicotinamide for high risk cancer patients

quicker to implicate ACE inhibitors in dermatitis

Surgical & wound care techniques.

starting nicotinamide on patients with multiple skin cancers as chemoprevention

non yet

6. What topics do you want to hear more about, and what issue(s) in your practice will this help address? (20)

I would like the cancer stem cell theory to be discussed with it's impact upon the practice of medicine.

best methods to avoid adverse reactions from use of biologic medications

Pearls. MIPS. Off label use of medications.

Coding, office efficiency tips, hand dermatitis, newer biologics

continue to like the treatment updates alot

medical dermatology as relates to Internal Medicine analysis

acne

Acne, difficult to treat cases

more melanoma discussions

not sure

New meds in melanoma and current guidelines

Life threatening and admittable rashes

The use of physician extenders.

Treatments of acne eczema melanoma basal cell cancer

Melanoma

latest medications

Billing & coding lecture

new chemotherapy drug for Merkel cell

New meds and their placement in the treatment ladder

This evaluation is confidential and no individual will be identified by this office (Continuing Medical Education and Professional Development). It will only be used for quality improvement.

We look forward to seeing you at future University of Louisville events. Thank you very much.